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A CASE OF COMPOUND AND COMMINUTED FRACTURE OF THE  
HUMERUS, FOLLOWED BY PSEUDARTHROSIS—RESECTION  
—USE OF THE SILVER WIRE—UNION.

BY HENRY CLARKE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I was called, July 8th, 1859, to visit Michael Hart, a stout, healthy Irishman, who had broken his left arm while employed as a brakeman on the Norwich and Worcester Railroad. He stated that a car-wheel had passed over it. However this may have been, I found a compound and finely comminuted fracture of the left humerus, at about the juncture of the lower with the upper two thirds. The fragments slipped about upon the least movement being made, and there was a fistulous opening through the soft parts. The muscles were badly bruised, so as to seem quite broken down, and the hæmorrhage was considerable, but the brachial artery seemed to be uninjured.

It being decided to make the attempt to save the arm, it was put into splints, and cold water applied. Severe inflammation followed, and some sloughing. Suppuration was very profuse for about three weeks, during which time several small bits of bone were extracted. At the end of six weeks, pus had ceased to flow from the fistulous opening, and the wound was so nearly closed that the arm was put into splints, confined by starched bandages. Up to this time the patient had been kept confined to his bed, in order to prevent any unnecessary movement of the fragments. The fracture was not examined again for a month, when it was found that there was no bony union. The dressings were re-applied and allowed to remain another month, but at the end of this time the arm could be easily bent at the point of fracture. On careful manipulation, the two or three small pieces of bone which lay between the lower and upper portions of the humerus seemed to be

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consolidated with the former, while between them and the latter, that is, the upper fragment, there was only a ligamentous union.

About three weeks later, there having been no appreciable improvement, I endeavored to excite some inflammation at the seat of fracture, with the view of causing the interposing fibrous structure to take on ossification. This was done by irritating applications to the skin, and by rubbing the ends of the bones vigorously together. This operation caused severe pain, and was followed by considerable swelling. In two or three days the limb was dressed as before. Soon after this, the friends of the patient sent for a somewhat famous "bone-setter," and during the next two months I was not responsible for the case. This Dr. S— applied some plasters about the fracture, and an elbow-splint of his own manufacture. During this time there was no alteration.

Dec. 31st.—I introduced a seton between the ends of the bone, using for this purpose a skein of white sewing silk. This was removed at the end of eight days, when suppuration was fully established. Pus did not cease to escape for nearly five weeks, and several abscesses were formed along the inside of the arm, which required free opening, and caused much pain and trouble. The constitutional disturbance was severe. Four months after the introduction of the seton, the false joint still remained as before.

In consultation with Drs. Martin and Sargent, the operation of resection was advised, which was performed, on the 5th of May, 1860, in the following manner. The patient being etherized, a longitudinal incision was made along the outside of the arm, about four inches in length, and the integuments were dissected up a little from the ligamentous union. The cartilaginous formation, which was very dense, was divided with a blunt-pointed bistoury. The end of the lower fragment was now turned out, and after dissecting up the periosteum for about half an inch, a very thin piece was sawed from it. The upper end was served in the same manner. A butcher's saw was used, which was so arranged as to cut on the inner instead of the outer edge, and consequently sawed upwards. This arrangement of the saw facilitated this step in the operation very much. The ends were next perforated to the medullary canal, and a stout silver wire was passed through them. The bony surfaces were placed in apposition, the portions of periosteum which had been turned back brought down, and the wire was twisted. It only remained now to bring the integuments together, with sutures and adhesive plaster, and to dress the limb as for a compound fracture. There had been but very little loss of blood, and in a few hours after the operation, the patient expressed himself as feeling quite comfortable.

May 9th, four days later, the wound had united by first intention, except just about the protruding wire, where there was a little discharge of pus. This discharge was quite abundant for a week or more, when it began to diminish, and in three weeks it had

nearly ceased. The constitutional disturbance during this time was much less than after the seton.

The patient was kept in bed eight weeks, the arm laid upon a pillow, and confined by splints. The elbow, by a little arrangement, was kept constantly drawn towards the shoulder, in order to keep the ends of the bone in as close apposition as possible. There was, as yet, no bony union, and the patient was allowed to sit up, the arm being supported in an elbow splint.

August 1st, about twelve weeks after the operation, the callus seemed to be well formed, but the arm could easily be bent a little. The splints were replaced and not removed again for three weeks longer, when, after our hope of success from this operation had begun to wane, bony union was found to have taken place, and the man could raise his arm. The patient was now requested to rub the arm daily with stimulating liniments, but to keep it in a sling two or three weeks longer. The wire was not removed till the 22d of September. The man at this time, Oct. 1st, is rapidly regaining the use of his arm.

*Worcester, October 1st, 1860.*

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#### FOREIGN BODY IN THE APPENDIX CÆCI—DEATH.

BY F. A. HOWE, M.D., NEWBURYPORT.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject was a fine little boy, aged four years and one month. He had always been a robust and healthy child till late in the spring or early in the present summer, at which time a loss of appetite, diminution of strength and emaciation excited the attention of friends, and considerable comment. Still these symptoms were not grave enough to take him from his play or restrict his exercise out of doors.

During the month before his death, he was subject to occasional attacks of nausea and vomiting. He was particularly sensitive "when not carefully handled" while being bathed, and complained of "its hurting" when any accidental pressure was made upon the abdomen. (This latter fact was, however, recalled to mind by his friends after his death.)

Returning home from a visit in the country, a few days previous to his death, he was apparently greatly improved. On Friday, July 27th, 1860, at about 4 o'clock, P.M., he accidentally swallowed a cent (of the new coinage). By my advice, he was allowed to eat a full meal, which was followed by a dose of castor oil. The cent made its appearance in the stool the following afternoon, the child complaining of some pain at the time of its passage. That evening (Saturday) he eat his supper as usual.

July 29th, Sunday, A.M.—I was called to him, and found him with marked febrile symptoms: flushed face—thirst—dry tongue,

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slightly coated—frequent, but not a hard pulse, together with slight nausea. Had had several stools during the night, small and slimy, with slight tenesmus. Abdomen hard and tense, and tender on pressure, especially over the cæcum; but he complained of no pain. As he had already taken oil, which had operated freely, I gave him two grains of Dover's powder, to be repeated if the symptoms continued. Ordered, also, stimulating foot-bath, and spirits of nitrous ether, with camphor.

7, P.M.—Nausea increased. Had vomited frequently during the day, but had had no dejection. Great thirst. Pulse 120, small. He complained of no pain whatever, but was very unwilling to have the least pressure made upon any portion of the abdomen, saying, "it hurts." His hands and feet were quite cool. His face less flushed than in the morning. He turned from side to side, and sat up in bed readily *without pain*. When lying upon his back, his legs were out-stretched, and he was not at all inclined to draw them up. With these indications of obstruction and inflammation, I ordered a portion of oil, combined with a small opiate; injections also to be employed, and fomentations, with turpentine, to be applied to the abdomen.

Monday, 8 o'clock, A.M.—He had passed a restless night. Did not vomit till towards morning, but there was constant nausea. No dejection followed the oil. The symptoms continued much as on the evening previous, only aggravated. Pulse 130. Tongue brown and dry. Face very pale, pinched, with an expression of anxiety and distress. Extremities cold. *Still moves about, sits up and lies down without any complaint of pain*. Several injections, given during the night, were retained.

6 o'clock, P.M.—Had vomited all medicines and nourishment taken during the day. The injections came away without bringing any fecal matter, or any perceptible odor. Prostration was much increased, with great restlessness and general distress. The extremities were very cold; the abdomen somewhat tympanitic. The patient will not allow it to be touched. The pulse very weak, respiration hurried, mind clear. He called constantly for iced water and ice, both of which he was allowed to have in moderate quantities. Gave a large injection of warm water, with the slight hope of good from its mechanical effect. It was retained but a moment.

12 o'clock, midnight.—The patient, though less distressed, appeared to be fast approaching his end. The body was cold, excepting the abdomen, and respiration was panting. Gave freely aromatic spirits of ammonia, with camphor; also, small opiates, repeated *pro re nata*. From this time there was no vomiting.

Tuesday, 5, A.M.—Dr. J. Sawyer saw the patient in consultation. He appeared easier than during the night, and less restless. His mind was perfectly clear. The tympanites had subsided very considerably after taking a turpentine enema a few hours previously.



The various means suggested in consultation for the relief of the patient were faithfully used during the day, but were ineffectual.

4, P.M.—Dr. Spofford was present in consultation, but the speedy termination of the case by death was too apparent to admit of further efforts to save our patient. Two or three hours before death severe spasms occurred, which were controlled by inhalation of sulphuric ether. Death occurred at 7, P.M., sixty hours after I was summoned.

*Autopsy*, made by Dr. Cross and myself, fifteen hours after death. The tympanitic swelling of the abdomen was not very marked. The intestines, when exposed, presented throughout their entire surface the bright red color of acute peritonitis. They were firmly bound together, and in the *left* iliac and pubic regions were entirely covered with a thick layer of coagulated lymph, beneath which was found a collection of two or three ounces of ichorous pus, very fetid. Tracing the ileum to the cæcum, the appendix vermiformis was found much enlarged, and tightly twisted upon itself near its junction with the cæcum, while the other end extended quite to the left of the median line, and in this position it was bound by firm adhesions. Its appearance was very dark, nearly gangrenous. From an opening in its presenting surface, at least two lines in diameter, pus flowed freely, and seemed to have been conducted by the adhesions of the parts into the left iliac region, where it was found in considerable quantity, while in the right there was comparatively little.

Removing the appendix and laying it open, it was found to contain a solid body of the size of a large bean, quite hard. This was, by a transverse section, found to envelope a small double oat, which was imbedded in its centre, the section presenting a regular concentric appearance, as if the seed had been rolled up in the enveloping mass.

Here the examination, for special reasons, was discontinued; but so far as the other organs were observed, they were perfectly normal in their appearance.

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#### POLYPUS OF THE WOMB.

By J. H. BLAKE, M.D., NORTH AUBURN, ME.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. R., aged 57, was seen on August 25, 1860. She was in a very low condition, perfectly anæmic, and in great distress. Pulse 120, very small. Two brown streaks in the middle of the tongue. Had had seven children, the last twelve years ago, at which time there was some trouble about the afterbirth, which, she thinks, never came away. She dates her trouble back four years, during which time she has suffered from pain in the back and hips, and

"a dreadful bearing down," and has been frequently prostrated by hæmorrhage, so that she could not leave her bed for a considerable time. The bowels have been costive and relaxed by turns. At times, retention of urine, but also frequent micturition or absolute incontinence. Her trouble has been called "the turn of life," "menorrhagia," "womb complaint," &c., and she has been treated accordingly.

The last physician called made an examination, and said there was a polypus growing from the neck of the womb; that nothing could be done to effect a cure; that she must make up her mind to die. (This was last May, according to the report.) She did make up her mind to die, and was found in a desponding and (to her mind) hopeless condition, the last hæmorrhage, eight weeks ago, having prostrated her, so that she had not left her bed, though she was gaining a little strength.

An examination disclosed a large, hard, pretty smooth, white tumor, completely filling the pelvis. She said it did not come down, as it used to; in fact it could not, for so completely did it fill the pelvis, that the womb was pressed up so as to be as distinctly felt through the parietes of the abdomen as directly after labor. The patient was anxious to get well, but she had no hope, no courage. I gave her some stimulus, with twenty-five drops of tincture of opium, and sat down to talk with her, and if possible to gain her confidence, for I was a stranger, and had only been called on account of the urgent request of some friends of hers. In order to induce her to submit to the necessary treatment, I promised her a sure and speedy cure (though I should not be willing to say that I had no misgivings, on account of her prostrate condition), if she would take courage and try to keep in good spirits until I could remove the tumor.

Having obtained liberty to do whatever I thought necessary in order to effect a cure, I passed my left hand, which is rather small, with considerable effort, completely within the pelvis, and while the orifice of the vagina encircled my wrist, the tip of the middle finger just reached the mouth of the womb. My hand was in a tight place, but I succeeded in flexing the first and second joints of the second, third and fourth fingers so as to force the hand further up, and pass the index finger an inch or more within the os uteri, sweeping it around the pedicle, which appeared nearly two inches in diameter, and becoming satisfied that the insertion of the pedicle was far within the womb. The os was quite flaccid, and while the finger was within it, I could feel the womb far above the brim of the pelvis, with my right hand. The tumor was irregularly round, taking its shape, probably, from the parts in relation with it; its size was about that of a quart measure.

Not being able to obtain such an instrument as I wished, I took from an umbrella frame a wire brace fourteen inches long, and, after enlarging the hole in the end, bending it to suit the case,

and covering it with gutta percha, I had an instrument resembling Hunter's polypus needle.

August 26th.—Applied the ligature, without any difficulty, close to the womb, my small hand enabling me to ascertain this point. I could not, however, draw it very tight, on account of pain.

It would be too much to state all the particulars of this case, but those who have read Dr. Channing's excellent communications to the JOURNAL, during the last ten years, upon the subject of "polypus of the womb," will know that after the ligature was applied there was little or no hæmorrhage, that there was pain, restlessness, and all sorts of discomfort, that the discharge from the vagina has been profuse, dark, foul, and sometimes like rotten liver. The catheter was used, and injections thrown into the rectum. Stimulants and opium were required, and freely given.

On Sept. 5th, ten days after the operation, finding the ligature free, I removed the instrument from the vagina, and tried to draw down the tumor with the blunt hook of Hodge's forceps, but not succeeding to my mind, I applied the forceps as to the head of a child, and extracted it without difficulty.

The tumor weighed 12 ounces, was quite dark, soft, and probably not more than one quarter as large as it was when the ligature was applied. Upon it there was a spot of the size of an old-fashioned cent, quite rotten, and from which there had apparently been a discharge.

In the latter part of September, the left arm and leg became œdematous, but the difficulty disappeared after the administration of a saline cathartic, and the patient, on October 1st, was rapidly convalescing.

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#### MEMBRANOUS STRICTURE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some years ago, I published, in your popular JOURNAL, an article on stricture, and advocated, as I still do, the treatment of that disease by "*internal section*." In the above-named article, I referred to the fact that Civiale (now deceased) practised internal section down to the curve of the urethra, which he afterwards extended the whole length of the canal. I then, and often since then, have stated that I had found no case in which, in my hands, the practice had failed. The following case may, however, be considered an exception to the rule.

Mr. S., a gentleman of about 60 years of age, of excellent moral character, the father of a large family, and probably never affected with gonorrhœa, consulted me, about three years ago, on account of a difficulty in the passage of the urine. The stream, during several months, had gradually diminished, until the urine came away so slowly, that "six men in succession could urinate, at a

public 'watering place,' while he did once." On examination, I found the mouth of the urethra covered by a membrane, leaving only a very small orifice at the lower part, not larger than the point of a pin. According to custom, and by means of a small probe, introduced as a director, I divided the membrane freely, producing a full and free passage for the urine, much to the relief and gratification of the patient.

I was somewhat surprised, about a month subsequently, to receive a visit from my patient, and to learn that the orifice made by my knife had nearly closed, and that the passage of the urine was nearly as slow and tedious as before. I resorted to the knife again; and in order to secure the patulency of the urethra, and prevent the reproduction of the membrane, I applied the nitrate of silver, in stick, freely to the raw surface.

Six weeks afterwards, my patient presented himself again, with precisely the same difficulty, and was relieved for about the same length of time by the operation of the knife.

This has now been repeated, at about the same intervals, for at least three years; the membrane is reproduced, although cut out sometimes, and caustic applied in addition. In one respect, the disease is not a very serious or dangerous one, as relief is promptly afforded by the knife; yet it is a great annoyance, keeps the patient in perpetual anxiety, and might be dangerous were he not within reach of surgical assistance.

I send the case to you, in hopes that some one more experienced in the matter, than myself, will suggest a remedy.

Respectfully, yours, &c.

JAMES BRYAN.

1306 Walnut St., Philadelphia, Sept. 29th, 1860.

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#### A BIOGRAPHICAL SKETCH OF HORATIO THOMSON, M.D.

By REV. G. A. OVIATT, OF SOMERS, CT.

[Communicated for the Boston Medical and Surgical Journal.]

HORATIO THOMSON, M.D., deceased at Belchertown, Oct. 5, 1860, at the age of 57 years. He was born in Tolland, Ct., Oct. 7th, 1803, and was the son of Dr. Gurdon and Betsy S. Thomson. Dr. Gurdon Thomson was, for many years, a physician of large and successful practice in Tolland, where he died thirty-one years since. Horatio Thomson spent most of his boyhood in Tolland, and studied medicine there with his father and his elder brother, Charles S. Thomson, who is now in the practice of medicine in Fair Haven, Ct.

Dr. H. Thomson graduated at the Yale Medical College about 1826, and immediately commenced practice as a physician in Tolland, his native town. He moved to Belchertown in December, 1828, where he resided and continued in the practice of medicine till his last sickness. In his profession he was largely successful,

and had a very extensive practice. He was a man of high honor and unbending integrity, and enjoyed the perfect confidence of his medical brethren, as also the confidence and affectionate regards of the community in which he lived. His practice was not confined within the limits of Belchertown, but extended into most of the adjoining towns.

Dr. Thomson was a man of few words, remarkable discretion, and sound judgment. In all his relations, he so demeaned himself that he commanded universal respect. He was a citizen whose word and motives were never called in question. He was a firm supporter of morality and good order, and was always ready to bear his part in every safe undertaking to promote the public good. He was a member of the Congregational church in Belchertown twenty-nine years, and as a christian was cheerful and constant in discharge of duty, and set an example of piety worthy of imitation.

The population of Belchertown is about three thousand. Having resided and practised medicine among this people some thirty-two years, he was thoroughly known throughout the town, and was the chosen, beloved physician in a great number of families. In his practice he was uncommonly successful as an accoucheur, and had had more than fifteen hundred cases of child-birth.

Dr. Thomson was always ready to obey the call to visit the sick, never showing any reluctance, and never requesting an excuse for the present on account of the darkness of the night, the severity of the storm, or the distance to be travelled under the most unfavorable circumstances, and never hesitating when he had no reason to expect the least compensation for his services.

His last sickness was long and extremely distressing; but in all his sufferings he was supported by his Saviour. His faith was unshaken to the last, and to his weeping kindred at his bed-side he spoke words of richest consolation. His end was peace.

His death is deeply deplored in Belchertown, and the expressions of grief at his funeral were truly touching. Many of the aged, as they wept, remarked, "*We hoped that he would live to attend us in our last sickness.*" His funeral was attended at the church by a great concourse of people, of all classes and ages, and many tears of heart-felt grief were shed as the last look at the shrouded dead was taken.

Dr. Thomson was first married November 15, 1827, to Miss Cordelia Chapman, daughter of Gen. Eliakim Chapman, of Tolland, by whom he had three children, one daughter and two sons. The daughter died in infancy. Of the sons, one, Charles H. Thomson, is now in the practice of law in Corning, N. Y.; and the other, George F. Thomson, is a physician, succeeding to his father's business in Belchertown. The first Mrs. Thomson died at Belchertown, Feb. 13, 1834.

Dr. Thomson was again married Dec. 4, 1834, to Miss Lucy

M. Doolittle, daughter of the Hon. Mark Doolittle, of Belcher-town. By his second wife, Dr. Thomson had four children, who all died in infancy.

Never was there a more devoted husband, a kinder father, or a truer friend than Dr. Thomson. Those who lament his death should be grateful to God for his fragrant memory, and rejoice with him that he has reached his heavenly home.

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#### TUBERCULOUS DISEASE OF SUPRA-RENAL CAPSULES.

At a recent meeting of the N. York Pathological Society, Dr. ALONZO CLARK presented two specimens of tuberculous disease of the supra-renal capsules, which were taken, the Monday previous, from the body of a lady whom he saw in consultation with Dr. Halsted. Dr. Clark was only able to give an abstract of the history of the case. For several months the lady had been ill, the chief features of the disease being emaciation and occasional vomiting, with loss of strength, which exceeded that which could be easily accounted for by the loss of flesh. There were discolorations of very moderate extent upon the forehead, occurring in irregular patches. There was no enfeeblement of the intellect. At the time Dr. C. first saw her there was in the site of a blister, that had been applied over the epigastrium some weeks before, an intensely black color. There was also a bronzed discoloration along the lower lip. All these discolorations continued until the end, although they varied very much in intensity during the course of the disease. In the investigation previous to death, the idea was suggested that there was some disease of the supra-renal capsule present, but it seemed to Dr. C. that the discolorations were not sufficiently marked for the basis of such a diagnosis, and he pronounced them to be merely a variety of ephelis hepatica, dependent upon some derangement of the digestion—probably atrophy of the liver. The post-mortem examination showed that the conjecture as to the seat of the disease was verified. The two capsules were removed, with perhaps an inch or an inch and a half of the upper portion of the kidney attached. These bodies possessed a thickness two or three times greater than natural, caused by the deposit in their substance of hardened and white matter. These masses were found to be tuberculous in their character. Dr. C. stated that during the life of the patient he had suspected the existence of tuberculous disease of the lungs. She had no cough, but he thought that the case might belong to that class where this symptom did not present itself. An examination was made with a great deal of care in order to determine that point, and no evidences of disease were discovered. At the post-mortem examination, the promise having been given not to open the chest, and it being very desirable that the lungs should be examined, Dr.

Halsted succeeded, by entering the chest through the diaphragm, in removing nearly the whole of the superior lobe of the right lung (which organ is most likely to be the seat of disease in this country). The portion was removed and cut up, when several calcareous grains, larger than a mustard seed, but smaller than a raisin pit, were discovered throughout the mass, showing that there had been tubercles deposited. The only other point that was worthy of particular mention was the fact that the kidneys were diseased. Dr. C. was not aware that in the consideration of the lesions of the supra-renal capsule the existence of disease of the kidney had been taken into account, at all events it had not been sufficiently reported upon. It seemed to him worth while to learn what was the condition of the kidneys, and so he spent some time in a microscopic examination. The fibres of the structure were normal in quantity, the malphigian bodies were perfectly natural, which was also the case with the tubes in the pyramidal portion. But in the convoluted tubes scarcely an epithelial cell could be found. The larger of these cells were opaque from the accumulation of granular matter, and only here and there was a nucleus to be found. The liver appeared to be healthy. In the course of the disease the urine was frequently tested for albumen, but none was found. A few pus globules were found to exist under the microscope.—*American Med. Times.*

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### **Bibliographical Notices.**

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*Skin Diseases and their Remedies.* By ROBERT J. JORDAN, M.D.  
London: John Churchill. 12mo. Pp. 282. 1860.

THE author states that he has written this book to supply the want of a brief, yet exact work on skin diseases. It is very true that we have no good manual on this subject in our language, and in no department of medicine is one so much needed. The large work of Mr. Wilson tends rather to complicate than simplify the true history and treatment of cutaneous diseases, and although in its plan of classification and other respects an improvement upon that of Willan, yet it contains far too many wrong theories and perverse errors of observation to be the proper book to place in the hands of the student. The present work opens with a long introduction upon the history of the skin diseases and epidemics of the middle ages, and their causation, down to our time. The author concludes that the causes which led to the inordinate development of chronic skin affections during that period, and those which brought about the frequently-recurring pestilences, were closely linked together, and that there is an intimate bond between the causes of acute and chronic disease of the skin, which makes the measures necessary for the prevention of both forms one and the same. This portion of the book is written in a lucid and attractive style, and contains matter worthy of consideration.

It is sad, however, in these days of ours, when such strides are  
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made in anatomy and pathology, to find a man going backwards to hug the easy, old system of Willan, which belongs, properly, away behind in the last century, when men were content to remain satisfied with the external exhibitions alone of nature and disease. Because it is simple and renders diagnosis easy, is no excuse for its employment to-day by men of science, and especially by a public instructor, as our author claims to be. To attempt to classify diseases by the appearances they present at a certain period of their existence is folly, for it not only unites disorders which are widely apart in their nature, and separates others closely allied, but must necessarily make one and the same affection belong to several different orders in the system, according to the stage of its progress. Eczema, for example, may exhibit, in its onward development, the typical forms of papule, vesicle, pustule, and scale. Where, then, does it properly belong? A system so arbitrary in its nature can lead to nothing but confusion, as a glance at the divisions adopted by our author will show. Under the head of Exanthemata we find scarlatina, rubecola and roseola, but for variola and its phases we must look elsewhere. Varicella, which is so akin to smallpox as to be considered a mere modification by many of the best and most experienced observers, is placed in the order Vesiculæ, while variola and vaccinia are arranged under the Pustulæ.

If we look for his definition of the term exanthemata, we read it is "characterized by redness, disappearing or diminishing on pressure, returning when the pressure is removed, and ending in desquamation." How well does this apply to purpura, which is classed under this head? Again, under the head of Squamosæ we find pityriasis, which is merely a seborrhœa, or disease of the sebaceous glands, and elephantiasis Arabica, which is a lymphangioitis, or affection of the true skin, subcutaneous tissues and vessels, and although an hypertrophy of the epidermis may accompany, it is no more the type of the disease than adunque nails are of phthisis. But the order Tuberculæ exhibits the most heterogeneous and motley combination. Every disease which projects far above the level surface of the skin, everything which couldn't possibly be arranged under any other head, comes crowding in here. Mark what a list of banded horrors: acne, molluscum, framboesia, lupus, cheloidea, lepra tuberculosa, spedalskhed, lepra astrachanica, malum allepporum, furuncle, carbuncle, pustula maligna, pestis glandosa, and equinia glandulosa. Here we have arranged together a disease of the hair follicles, ditto of sebiparous glands, a new growth of the corion and destructive process, a cicatrix-like formation, a frightful endemic which affects the whole body, the poisonous effects of inoculation with diseased animal matter, and the loathsome plague. If we search for anything common to them all, we shall find only the possible presence of a "tubercle" or elevation of the skin at some period of their development, and upon so slender a thread of consanguinity rests the union of the whole discordant phalanx.

Turning from this chapter on classification, we come to the description of the special diseases, which, on the whole, are concise and well sketched. On many points, however, we cannot agree with the author; for instance, it seems strange to class typhus and typhoid with skin diseases. His remarks on erythema are worth noticing. "Usually erythema is an altogether trivial affection; but it must not be for-



gotten that very serious disease, as tuberculous leprosy (elephantiasis) and pellagra, often begins in an erythematous condition of the skin." As for the word lichen, with the reservation of its use for a single though rare disease, the *L. ruber exudativus* of Hebra, we think it might as well be almost entirely given up. It is doubtful if there is a single form of it as described by all the English writers which should not more properly be classed with eczema or prurigo. Those who insist upon its individuality confess that in its chronic form it can scarcely be distinguished from chronic eczema, while there is nothing in their descriptions of its earlier stages which will not quite as well apply to either one or the other of the above diseases. Prurigo, however, should not be confounded with simple pruritus arising from mere nervous irritation, as the author does more than once. Under Pustulæ, besides variola and vaccinia, which in this connection certainly deserve no notice, we have ecthyma and impetigo. What is the etiology of these latter diseases, or how can we produce them? In the first place, on the healthy skin, by simple scratching. This causes a hyperæmia and infiltration of the papillæ, or, in other words, a papule. Continue the irritation, and we convert this into as fair a pustule as ever appeared in a figured case of these affections. So in prurigo, where the papules are ready formed, and the desire to scratch needs no prompting by the will, we see transformation into true, so-called, impetigo. The same happens in eczema and scabies, and is even more true in the latter, for here the insatiable scratching calls out an exaggeration of the same process, and "ecthyma" is the result. So lice, fleas and bedbugs are capable of producing similar appearances. We do not mean to say that there is no such thing as an idiopathic pustular eruption, but that it is rare, and that in the majority of cases impetigo is but a name applied to phenomena which are the result or sequelæ of mere mechanical irritation of the skin, generally produced by, and consequently a part of other diseases. In the order Squamossæ we find both a lepra and psoriasis, two distinct diseases, according to Dr. Jordan; the only difference between them, however, being regularity of form in the first, irregularity in the second. As varieties of pityriasis, he has mixed up several widely separated affections. His *P. versicolor* is a true cryptogamic growth, *P. capitis* is a seborrhœa, and *P. rubra* is only a stage of eczema.

We have not space to continue an analysis of the various diseases described in the remaining chapters of this volume. Many of them are far too summarily disposed of, and no discrimination between the two diseases known as lupus is shown. A special division is given to the diseases of the hair and nails, and the author seems inclined to adopt, without investigation, the views of Mr. Wilson in regard to the non-cryptogamic character of herpes tonsurans and favus, described by the former under the respective titles of *porrigo scutulata* and *favosa*. This is no place to discuss the matter. Far abler observers than Wilson, men distinguished in natural science, have decided that what he takes for degenerate human tissue is really a plant, and his statements in regard to pityriasis versicolor, which he confounds with chloasma, show that he is ignorant of the proper use of the microscope.

But of more practical importance than proper classification or correct handling of the subject matter in a work on cutaneous diseases, is that portion devoted to their treatment. In these affections the *vis*

*medicatrix naturæ* isn't of much account. Medicine, that much-abused handmaiden, here shows her superiority to popular mother nature, and in most cases is competent, when used with judgment, to relieve, if not to cure, where the older lady has tried too long in vain. Such general directions, however, as are given in the book before us, will be found of little value when we have a case at hand to treat. It is not enough to say that such a preparation is very good, in eczema, for instance. It may be, but we want to know when to use it. Eczema has several stages, and the remedy which may be beneficial in one period or phase of the disease, will very likely do as much harm if applied at another. In this want of special minuteness, or discrimination in the matter of treatment, lies the great fault of English works on this subject—a fault which renders them of so little value in the hands of an inexperienced practitioner. Too much attention is also given to the use of internal remedies to the exclusion of external applications, which are far more reliable and speedy than the former, and as truly curative in their effect. We lay the book down, sorry to believe that the want of a brief yet exact work on skin diseases will be as much felt as before its publication. J. C. W.

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*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M.D., M.R.I.A., &c. &c. With Additions by D. FRANCIS CONDIE, M.D. With one hundred and ninety-four Illustrations. A new American from the Fourth Corrected and Enlarged English Edition. Philadelphia: Blanchard & Lea. 1860. 8vo. Pp. 655.

THE reputation of Prof. Churchill for exhaustive treatment of whatever subject in midwifery he takes up, is well known and appreciated. The present treatise is very much enlarged and amplified beyond the previous editions, but nothing has been added which could be well dispensed with. An examination of the table of contents shows how thoroughly the author has gone over the ground, and the care he has taken in the text to present the subjects in all their bearings, will render this new edition even more necessary to the obstetric student than were either of the former editions at the date of their appearance. Prof. Churchill is a model for the absence of everything like partizanship in his writings. Every author and every subject is sure of a fair and impartial treatment at his hands, and we are glad to see, by the frequent references to American obstetric literature, a more generous spirit of appreciation than can be found in the great majority of foreign writers. No treatise on obstetrics with which we are acquainted can compare favorably with this, in respect to the amount of material which has been gathered from every source. The current periodical literature in this department seems to have been carefully studied and digested for use, making the volume more of an encyclopædia of midwifery than a treatise. Upon a few points, perhaps, there may be a difference of opinion, but as a general rule facts are stated, with proper references, and the reader left to form his own conclusions. In regard to the mechanism of labor (Part III., Chap. II.), the author follows Naegelè, of Heidelberg, and endorses his views. But since the publication of the elaborate article "On Cranial Presentations and Cranial Positions," by Dr. R. N. West (*Glasgow Medical Journal*, Oct., 1856, Jan., 1857), there seems to be good reason for withholding, to say the least, a portion of our assent to the Heidelberg profes-

sor's dicta. No one can read Dr. West's paper without being struck with the force of his arguments upon the points at issue, and feeling with him that perhaps the desire to be original led Naegeli into a line of argument not warranted by his facts, and that his dispute with those whom he brands with ignorance was, after all, "like the quarrel between the two knights about the shield which was gold on one side and silver on the other." Of this paper no mention is made by Prof. Churchill, but the facts embodied in it, and the conclusions drawn from more than 2000 carefully studied and recorded cases upon which the argument is based, cannot be lightly overcome. As a contribution to practical midwifery, and with which every practitioner should be familiar, as indeed he ought also to be with Naegeli's work—translated by Dr. Rigby—it deservedly stands high. But although we feel that Prof. Churchill could have incorporated the substance of Dr. West's paper into his own treatise with benefit, and have dwelt at this length upon the subject, as being one of the very first importance, a clear and familiar acquaintance with presentations being the *sine qua non* of success in difficult labors, there is so much that shows a conscientious and painstaking desire to bring his work up to the condition of this department at the date of its publication, and so great actual improvement over former editions, that we are inclined to place it at the head of its class for practical value. And last, but not least, there is a good index, the table of contents gives a good idea of the scope of the work, and the notes of reference are carefully appended.

Two chapters have been added in an Appendix, which very much increase the value of the book. The first of these—"Obstetric Morality"—is a reprint of an article contributed to the *Dublin Quarterly Journal*, in answer to one published in *The Dublin Review*, impugning Prof. Churchill's motives in his treatment of the question whether the operation of craniotomy is ever justifiable. It is a thorough and triumphant defence of his position, discussing the subject in its broadest relations, and leads to the only true and tenable ground. The other chapter treats of the qualifications and duties of the monthly nurse, and may be studied with advantage and instruction by all. Summing up the whole, we commend the volume, in the attractive shape which characterizes all the publications of the firm who have issued it, to the profession, assuring them that they will find within its pages a vast amount of information, excellently well arranged and presented in most attractive style. For sale by Brown & Taggard.

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*On the Right Management of the Voice in Speaking and Reading.*  
Third Edition. Enlarged. Pp. 106.

*Stammering; the Cause and Cure.* By the Rev. W. W. CAZALET, A.M.,  
Cantab. Third Edition. Pp. 47. London: Bosworth & Harrison,  
215 Regent St., and Renshaw, 356 Strand. 1860.

On two occasions—December 29th, 1859, and January 5th, 1860—we noticed, at some length, the second of the above-named pamphlets. We are glad to find that a third edition of a work we then had occasion highly to commend, has been demanded. In this new edition, the author tells us, he has "introduced some observations on the nervous origin of stammering, which is much insisted on by the medical profession." He then mentions having had occasion to modify his own

opinions on this portion of his subject. We again heartily commend the *brochure* to the notice of the profession.

The production whose title we have placed first at the head of this notice, purports to be a careful deduction from the author's own experience and observation during more than fifteen years. The author says: "Having myself suffered from relaxation of throat, and the feeling of exhaustion after speaking and reading, I set to work to consider the cause. This led me to investigate the mechanism and action of the vocal organ, and the result has been the present work, in which I have endeavored to show the natural action of all the organs concerned in the formation of speech. I speak confidently of the effect that must follow from attention to the rules I have laid down, not only from my own case, but also from that [those ?] of others to whom I have imparted these principles."

Mr. Cazalet considers, in this work, The Functions of the Vocal Organs; The Management of the Breath; Clerical Sore Throat; Weakness and Loss of Voice; The Remedial Effects of Reading Aloud; The English Language; The Views of Archbishop Whately on Elocution; Delivery. The pamphlet closes with certain "General Observations."

While we cannot attempt an analysis, or even present a digest, of the author's views and propositions, we can recommend his volume to all who are interested—either personally or professionally—in the important subjects of which it treats. The cost of these little works is really insignificant when their actual value is considered. Thus, the pamphlet on Stammering is sold for an English shilling, and that on the Management of the Voice for two shillings and sixpence. M.

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*The Principles and Practice of Modern Surgery.* By ROBERT DRUITT. A New and Revised American, from the Eighth Enlarged and Improved London Edition. With four hundred and thirty-two Illustrations. Philadelphia: Blanchard & Lea. 1860.

This book has been so long and so well known that it would seem as if the mere announcement of a new edition were all which the appearance of it demanded. But any one who only knows its early editions would hardly recognize the present. Many who remember it in their student days as a mere epitome of surgery, will be surprised to see the changes it has undergone, and how well the eighth edition merits the title of "Principles and Practice of Modern Surgery," in place of the original one, "The Surgeon's Vade Mecum."

It is a most admirable book. We do not know when we have examined one with more pleasure. The excellent plan of bibliographical references, in connection with each topic, makes it, instead of a mere student's manual, a book which every physician should have on his shelves; the plea that they held no surgery but Drutt's would then excuse few shortcomings as to a knowledge of the present state of surgical science. It is to surgery what Churchill's Diseases of Females is to obstetrics. It belongs now beside Erichsen, Nelaton, Gross, or any other systematic treatise, many of which it excells, and before none of which it need hang its head.

There is hardly a page which has not been in a great measure rewritten since the last American edition, from the fourth English edition, was published. The chapter on Inflammation has been adapted

to the present more modern views. Gun-shot wounds, which, since the Crimean war, may be said to be almost a new subject, have been treated entirely afresh, in such a way as to bring in the vast amount of material derived from the experience of recent warfare. Ophthalmology, the treatment of ankylosis, of vesico-vaginal fistula, ovariectomy, and the excision of joints, are discussed with all the light thrown on them by recent researches and improvements.

We should be glad to allude in detail to these changes, but space does not permit. We would simply indicate the chapters on Gun-shot Wounds, and the Radical Cure of Hernia, and on the Means of Producing Insensibility to Pain, as excellent specimens of the style of Mr. Druitt's work. We cannot forbear to note that he, too, as Mr. Erichsen has, gives in his tardy concession to the greater safety of ether over chloroform. He says, "it is much safer, less rapid in its action, and only one third as powerful. Besides, it produces complete muscular relaxation more perfectly, so that it is, perhaps, preferable in cases of hernia, dislocation and spasm."—P. 598.

This change in the opinions of English surgeons we believe to be in no slight degree due to the personal efforts of Dr. George Hayward, of this city, whose position and early connection with the history of ether enabled him, during his late visit to Europe, to give the influence of his voice and the force of his example at the very time when the too frequently deadly results from chloroform seemed to indicate that its use must be either in a measure abandoned, or some safer means of anæsthesia adopted. Although the administration of chloroform is conducted more cautiously than formerly, we are not aware that sulphuric ether has at all been substituted in England. It is something, however, to have its safety partially acknowledged, as, one of these days, it must be everywhere and entirely. We repeat, knowingly, and in spite of all that has been said, *the first authenticated case of death from sulphuric ether has yet to be made known.*

We have not yet spoken half its deserts, but we must close this already somewhat lengthened notice of Mr. Druitt's book. It may be proper to remark that the interpolations of the American editor are few, and, to a considerable extent, consist of bibliographical references.

We hope that at least no medical student will fail to possess himself of a copy of this work.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, OCTOBER 18, 1860.

YEAR-BOOK OF AMERICAN MEDICINE.—One of the necessary consequences of the increased facilities for printing, which characterize the present age, is the increase to overflow of the great stream of periodical and pamphlet literature with which the medical world is well nigh inundated. Hardly a city of importance in the land but adds its share to the general storehouse upon which the reading medical public depends for its sustenance; and towns of low degree, even before outgrowing the inevitable bank, meeting-house, and printing-office, not unfrequently issue, among the other products of the latter, a

full-fledged medical journal, with its corps of editors and all the appurtenances of a living and breathing periodical.

Without for a moment intending to cast the slightest reflection upon our worthy cotemporaries, it follows, almost of necessity, that, mingled with much that is valuable in the vast amount of what comes to us in the shape of medical news, there must be a mass of crude and useless matter, only fit to be thrown aside and forgotten. The necessity of some method by which this literary chaff may be separated and disposed of, and the pure and unadulterated grain be delivered for present and future use, is no new suggestion. Literary threshing machines have been in operation for years past, and their semi-annual deposits in the shape of Ranking and Braithwaite are already too well known to require even a passing allusion.

It seems, from a circular which appears in our pages this week, that a well known and zealous member of the profession, one who has had much experience in this department of medical literature, proposes to aid in this sifting process by furnishing a year-book of American medical science and literature. We do not hesitate to say that we regard this plan, if successfully carried into execution, as one which cannot fail to do a real service. We have, it is true, besides the admirable abstracts just mentioned, the promise of a year book by the New Sydenham Society, but there is still room for an exclusively American work of this kind, which would have a peculiar value, as presenting from time to time a brief review of the progress of American medicine. From the extent of the country, and the consequent variety of causes constantly acting in the production of disease, together with new methods of treatment, arising in part from the gradual unfolding of entirely new and valuable properties in medicinal plants before unknown, and with which the country abounds, an interest attaches to the advance of medical science in this western world, such as to warrant the plan proposed, and we heartily wish it the success it deserves. The following is the circular alluded to:—

“The undersigned proposes to issue a yearly volume with the following title: *Year-Book of American Contributions to Medical Science and Literature.*

“It is designed that part *first*, of each volume, shall comprise an arranged and classified *summary* of, and index to, all the important and original papers found in the various medical journals of this country, for the year immediately preceding. Part *second* will comprise a *summary* of, and index to, all papers found in the published transactions of the National and the various State and County Medical Societies. Part *third* will embrace reviews of all medical books of American authorship, published during the year, with a *summary* of all the novelties in opinion or practice therein.

“To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism* for the *A. M. Monthly*, we have solicited a copy of all medical journals published in this country; and there are only two that have failed to comply with the request. To facilitate our design, we request an *exchange* with all *American medical journals*, to be sent to our address as issued. All medical societies who publish their transactions will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, *all books* of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of *American medicine*, will readily be conceded by all. We cannot prepare the work and publish at a pecuniary

loss, and hence the object of this circular is to request that all physicians who would encourage the work, and become subscribers to the same, would send us their names *at once*—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and furnished at the low price of *three dollars*. That we may know whether the work is to receive sufficient encouragement, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all medical journals of this country would copy our circular.

"To editors and publishers we would say that it is designed that our *Fear-Book* shall commence its gleanings with the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

"All books, journals, published transactions, and names of subscribers, should be directed to

O. C. GIBBS, M.D.,

Freensburg, Chautauque Co., N. Y."

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ANDREAS RETZIUS.—The Stockholm *Aftonbladet* for April announces the decease of this great physiologist. Andreas Retzius, Professor of Anatomy and Physiology at the Royal Caroline Institute, expired on the 18th of April, after a few days' sickness, at the age of 64. Sweden has lost in him one of its most honored men. The pupil of Florman and Abildgard, and, in subsequent years, the intimate friend of Johannes Muller, he combined all the merits of the elder school with all the prerogatives of the new. As an investigator, he had the good fortune of seeing all his numerous discoveries included in the system of science, and as a teacher few equalled him in the fervent interest with which he watched over the progress of his pupils, and in the bold, clear, vivid originality of his instruction and diction. He was one of those great workers on the soil of science who had acquired European fame. His comprehensive intellect embraced all subjects, however varied, that tended to the common good, and his assistance and coöperation were ever ready when the object was to force through all prejudices to make way for light and truth. Few amongst his contemporaries who lived and worked for the public good could be found who were not stimulated in their career of activity by the animatory contact with Andreas Retzius. In social life he was universally beloved. Warm in friendship, charitable in science, free from all selfishness and vanity, his memory will be long held amongst us in loving and grateful remembrance. He was born in 1796, became a student in 1812, and took his merit degree in 1819; afterwards became a teacher at the Veterinary Institution in Stockholm, and founded an anatomical museum there; undertook a scientific voyage to Norway, and later to Lapland, Germany, England, Ireland and France; was appointed lecturer on anatomy at the Caroline Institution, and inspector in 1830. In 1826, he became a member of the Academy of Sciences. In 1832 he founded, in connection with other men of science, a medical gazette; and in 1839 was named professor of anatomy, in connection with painting, at the Royal Academy of Arts. As an author, he was very productive. The titles alone of his scientific works fill three closely-printed pages in the "*Bibliographical Dictionary*."—*London Lancet*.

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MEDICAL MISCELLANY.—Drs. Logan and W. F. Westmoreland withdraw from the editorial management of the *Atlanta Medical and Surgical Journal*, and are succeeded by Dr. J. G. Westmoreland as editor and proprietor.—*The Medical*



and *Surgical Reporter* states that Dr. Bradfoote Warwick, of Richmond, Va., has joined the surgical staff of the army of Garibaldi.—Dr. R. J. Paterson, Superintendent of the Ohio Idiot Asylum, has been appointed Superintendent of the Iowa Hospital for the Insane, at Mt. Pleasant, in that State.—Prof. E. M. Moore, formerly of Starling Medical College, has been appointed to the Chair of Surgery in the Buffalo School, made vacant by the resignation of Prof. Hamilton.—Dr. J. Aitkin Meigs, of Philadelphia, has been elected a member of the Société d'Anthropologie de Paris. He was proposed by MM. Geoffroy St. Hilaire, Beclard and Broca.—At the commencement of the Long Island Medical College, July 24th, the degree of M.D. was conferred on twenty young gentlemen. The whole number of students in attendance during the session was fifty-eight.—Lindsay & Blakiston will very soon issue a large work entitled *American Medical Biography*, by Prof. S. D. Gross. It will consist of memoirs of the most distinguished physicians and surgeons of our country.—Dr. D. Meredith Reese will soon put to press "a new and enlarged edition" of his medical lexicon.—Dr. H. D. Schmidt, late Assistant Demonstrator of Anatomy in the University Medical School, Philadelphia, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine.—The Chair of Anatomy in the Medical College of the State of South Carolina, so long and ably filled by Professor John E. Holbrook, has been vacated. Dr. Francis T. Miles, for many years Demonstrator of Anatomy in that institution, fills the chair thus made vacant. Dr. Samuel Logan, formerly Assistant Demonstrator, will succeed Dr. Miles.—The first session of the "Middle Georgia Medical College," located in the town of Griffin, will open on the first Monday in November.—A new journal, to be exclusively devoted to the subject of *Materia Medica*, is announced. It is to be called the *American Journal of Indigenous Materia Medica and Repository of Medical Science*. It is to be published monthly, by Messrs. B. Keith & Co. The first number will appear in November.—The Medical Department of the "University of the Pacific," San Francisco, Cal., opens its regular course in May, which continues four months.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 13th, 1860.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	47	29	76
Average Mortality of the corresponding weeks of the ten years, 1850-1860, . . . . .	38.2	30.6	74.8
Average corrected to increased population, . . . . .	..	..	83.4
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Infan.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
15	4	4	4	0	0	1	3

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	29.799	Highest point of Thermometer, . . . . .	70°
Highest point of Barometer, . . . . .	30.138	Lowest point of Thermometer, . . . . .	36°
Lowest point of Barometer, . . . . .	29.326	General direction of Wind, . . . . .	Westerly.
Mean Temperature, . . . . .	50°.5	Whole am't of Rain in the week . . . . .	0.646

MARRIED.—In Barre, Sept. 11th, Norman Smith, M.D., of Groton, Mass., to Mrs. M. J. Lee, of the former place.

COMMUNICATIONS RECEIVED.—Intra-Uterine Dislocation of the Knee-Joint.

BOOKS.—Elementary Treatise of Human Anatomy. By Joseph Leidy, M.D. (From the Publishers.)

*Deaths in Boston* for the week ending Saturday noon, October 13th, 76. Males, 47—Females, 29.—Accidents, 3—apoplexy, 1—congestion of the brain, 1—inflammation of the brain, 1—bronchitis, 1—barus, 1—cholera infantum, 4—consumption, 15—convulsions, 1—croup, 1—debility, 1—diarrhoea, 1—diphtheria, 1—puerperal disease, 1—dropsy, 1—dropsy of the brain, 4—dysentery, 1—scarlet fever, 4—typhoid fever, 3—gastritis, 2—haemoptysis, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 3—gangrene of the lungs, 1—inflammation of the lungs, 4—marasmus, 3—paralysis, 3—premature birth, 3—purpura hemorrhagica, 1—suicide, 1—tumor, 1—unknown, 3—whooping cough, 1.  
Under 5 years, 31—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 53—Ireland, 19—other places, 4.